

Exhibit A

Summary of Conditions of the OHI DRI Development Order

[From the Amended and Restated Development Order dated 8/25/2003]

PART IV - CONDITIONS OF APPROVAL

A. General Conditions

1. The definitions contained in Chapter 380, Florida Statutes, shall govern and apply to this Development Order.
2. This Development Order shall be binding upon the Developer, its assignees, and successors in interest, including any entity that may assume any of the responsibilities imposed on the Developer by this Development Order. Reference herein to any public agency shall be construed to mean any agency that may in the future be created or designated as a successor in interest to, or that otherwise will possess any of the powers and duties of the public agency with respect to the implementation and administration of the DRI program and the terms and conditions of this Development Order.

B. Local and Regional Conditions of Approval:

1. Potable Water

To reduce the use of potable water for irrigation and to reduce the potential for runoff from landscaped areas due to over-irrigation, the OHI DRI shall include native and xeric (drought tolerant) plant species in a minimum of 75% of its landscape material and shall strive to use sources other than potable quality water for irrigation. Irrigation systems shall be designed to be responsive to the type of landscape being irrigated and soil conditions at the time of irrigation.

Multiple landscape projects have been installed since the Development Order was adopted, including:

- Winnie Palmer Hospital,
- Orlando Health Heart Institute,
- Lake Beauty Park,
- Winnie Palmer Pond,
- Campus streetscape projects, and
- Multiple smaller projects.

Additional landscape projects are in design or under construction, including the:

- Hospital bed tower,
- Emergency department expansion,

- Copeland Streetscape, and
- UF Cancer Center auto-court and breezeway.

All of these projects have been designed to utilize nearly 100% native and/or drought tolerant plants, and thus comply with this condition. Irrigation systems have been designed and are operated in a manner appropriate for these types of landscape plants. Orlando Health is committed to providing a campus landscape that is both more sustainable and beneficial to patient/staff well-being.

ALL REQUIRED MITIGATION RELATED TO THE AMOUNT OF DEVELOPMENT THAT EXISTS AT THE DATE OF RESCISSION HAS BEEN COMPLETED.

2. Historic Preservation

An historic assessment of any buildings fronting on Sligh Boulevard shall be conducted through an Amendment to the Development Order, and to the satisfaction of the Florida Division of Historic Resources prior to the approval of any authorizations for development that would affect such buildings.

To date, no Orlando Health development has affected the buildings fronting on Sligh Boulevard, and therefore, no Sligh specific historic assessments have been conducted. The ADA/DRI included a survey of potential historic properties and found that the properties were not historically significant.

ALL REQUIRED MITIGATION RELATED TO THE AMOUNT OF DEVELOPMENT THAT EXISTS AT THE DATE OF RESCISSION HAS BEEN COMPLETED.

3. Transportation

- a. Project Phasing: For the purpose of the transportation recommendations, the OHI DRI shall be divided into and limited to two additional phases, based upon the designated year or external daily trips, whichever comes first.

| Phase (Year) | Daily External Trips Per Phase | Cumulative Daily External Trips (including existing) |
|--------------|-----------------------------------|---|
| 1 (2018) | 14,953 | 33,013 |
| 2 (2023) | 8,097 | 40,185 |

As documented in the attached Table 1, the new development to date has generated 6,378 daily external trips.

THIS CONDITION DOES NOT REQUIRE ANY MITIGATION ACTION; THEREFORE THIS CONDITION DOES NOT PRECLUDE RESCISSION.

- b. Monitoring and Modeling Methodology: If the Transportation Concurrency Exception Area

("TCEA") designation is eliminated prior to the initiation of Phase 2 as identified in the preceding paragraph, the Developer shall conduct a monitoring/modeling program. This program shall ascertain the Level of Service ("LOS") on facilities where the OHI DRI is estimated to contribute an amount of traffic greater than or equal to 5 percent of the adopted LOS service volume. The methodology of the monitoring/modeling program shall be agreed upon by the East Central Florida Regional Planning Council ("ECFRPC"), the City of Orlando, the Florida Department of Transportation ("FDOT"), the Florida Department of Community Affairs ("DCA"), and the Developer. The depth of each monitoring and modeling effort shall be similar to that required within an Application for Development Approval, but shall be consistent with the requirements of the City of Orlando's Concurrency Management System as it relates to facilities within the City of Orlando. All studies and monitoring/modeling programs shall be consistent with the ECFRPC's methodology. In the event that all parties cannot come to agreement on the methodology, ECFRPC, FDOT, and the City of Orlando shall be the final arbiters. The City of Orlando's decision shall be final as it relates to City facilities; the FDOT's decision shall be final on Florida Interstate Highway ("FIHS") facilities, and the ECFRPC's decision shall be final as it relates to all other facilities.

The facilities that were within the study area which were analyzed for full build out of the OHI DRI shall be included in the study.

The City of Orlando, ECFRPC, FDOT, and DCA shall have the right to make reasonable requests for additional information from the Developer to verify adherence to these provisions. The Developer shall supply adequate information toward compliance with these requirements. Appropriate roadway improvements shall be scheduled as required by law.

The City of Orlando's TCEA is still in effect and Phase 2 has yet to begin. Therefore, no monitoring and modeling study has been required. THE PHASE 1 CONDITION HAS BEEN COMPLETED. THE PHASE 2 CONDITION RELATES TO A FUTURE CONDITION THAT HAS NOT OCCURRED AND MAY NOT OCCUR IF THE TCEA REMAINS IN EFFECT UNTIL PHASE 2 IS ACTIVATED; THIS CONDITION MAY BE CONSIDERED COMPLETE OR MIGRATED TO THE ORLANDO HEALTH DOWNTOWN CAMPUS PLANNED DEVELOPMENT DEVELOPERS AGREEMENT.

- c. The Developer shall commit to a definite percentage reduction goal in employee vehicle trips through promotion of telecommuting, walking, bicycling, ridesharing, and transit usage. This shall be encouraged by the Developer through incentives to employees within the Project. The intent of this condition is to reduce single occupant vehicle travel of patients, visitors, and employees during the peak hours, which are 7:00 a.m. to 9:00 a.m. and 4:30 p.m. to 6:30 p.m., Monday through Friday, as well as to reduce vehicle trips throughout the day. Increased transit usage is also desired. The baseline for the goals shall be established through the first survey results outlined in the subsequent recommendation. The following shall be used as a guideline in establishing percentage goals.

| Year | Project Staggered Work Hours & Flextime Participation Goal* | Home Based Work Trip by Single Occupant Vehicle Goal* | Employee Transit /Carpool Usage Goal* |
|------|---|---|---------------------------------------|
|------|---|---|---------------------------------------|

| | | | |
|---|------------------|-------|-------|
| 2018 | 15% of employees | 86.0% | 6.0% |
| 2023 | 20% of employees | 80.0% | 10.0% |
| (*) Possible increase in goals if survey results indicate that these goals have been met. | | | |

Orlando Health is committed to reducing single occupant vehicle trips. It currently has in place programs to promote telecommuting, walking, bicycling, carpooling/ridesharing, and transit usage among its employees. Efforts are being made to improve these programs in order to achieve the best possible results. The 2012-2013 reporting period results are provided below.

| Year | Project Staggered Work Hours & Flextime Participation | Home Based Work Trip by Single Occupant Vehicle | Employee Transit /Carpool Usage |
|------------------|--|--|--|
| 2018 Goal | 15% of employees | 86.0% | 6.0% |
| 2013-2014 Actual | 100% of employees | 95.7% | 4.3% |
| | | | |

Orlando Health was honored at the 2006 Central Florida Regional Transportation Leadership Awards. Recognized as an organization that has implemented a successful transportation benefit program that identifies and addresses the commuting needs of its team members, Orlando Health received the Partnership Excellence Award.

Presented annually by LYNX, the Metro Orlando Economic Development Commission, METROPLAN Orlando, and the Orlando Business Journal, the RTL Awards honor outstanding achievements made by Central Florida businesses, individuals, and organizations that provide transportation benefits for employees and residents. Ten individuals and organizations were recognized for excellence in performance, leadership, innovation, and teamwork.

Orlando Health was recognized for its Way to Go! and Sure Way Home mobility programs that are provided for all OHI team members. In partnership with LYNX, Central Florida’s Regional Transportation Authority, these mobility programs provide significant cost savings annually to team members while providing much needed stress relief due to transportation challenges. THIS CONDITION HAS BEEN MET RELATED TO THE AMOUNT OF DEVELOPMENT THAT EXISTS AT THE TIME OF RESCISSION; AS CAMPUS DEVELOPMENT

CONTINUES, THIS CONDITION MAY BE MIGRATED TO THE ORLANDO HEALTH DOWNTOWN CAMPUS PLANNED DEVELOPMENT DEVELOPERS AGREEMENT.

- d. Within the context of the Transportation Demand Management (TDM) Program report referenced in Subsection E below, the Developer shall present an evaluation of the state of the alternative transportation systems serving the Project, and achievement of the percentage goals. Progress shall be compared to the goals and requirements established in the prior recommendation. Progress for the reporting year shall be documented to include LYNX ridership levels, transit route changes, alterations or additions, ridesharing, flextime, employee trip patterns and telecommuting participation, transit amenity construction, and other efforts that facilitate movement into and around the Project by means other than the single occupant vehicle. The study shall determine the proportion of single occupant vehicle use, as well as the effectiveness of alternative modes of transportation. Further, the study shall be used to identify employee travel patterns and commuting needs. Pertinent information shall be sent to the City, the ECFRPC, FDOT, DCA and LYNX. Results from the studies shall be used by the City to modify, if necessary, the goals outlined in the Project Staggered Work Hours and Flextime Participation Rates Table, as depicted in Subsection C above. This study shall be included in the subsequent annual report.

Orlando Health is committed to reducing single occupant vehicle trips. It currently has in place programs to promote telecommuting, walking, bicycling, carpooling/ridesharing, and transit usage among its employees. Efforts are being made to improve these programs in order to achieve the best possible results. The 2013-2014 reporting period results are provided above in Part IV.B.3.c.

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- e. The Developer shall develop a Transportation Demand Management (“TDM”) Program for the Project designed to achieve the percentage goals discussed in Subsection C above. The TDM program shall be submitted to the City and ECFRPC prior to Phase I development. The City and ECFRPC shall conduct a sufficiency determination within thirty (30) days of the TDM program submittal or any requested re-submittals. No Certificate of Occupancy shall be issued until the TDM program is found sufficient and approved by the City. At a minimum, the TDM program shall consider the following:
- Parking management provisions include parking pricing, parking allowances, and preferential parking in the parking garages (e.g., near building entrances, covered parking, etc.) for employees who carpool or vanpool. Prior to opening Phase 1 development, the Developer shall provide a minimum of 45 carpool parking spaces distributed in preferential locations among the parking areas. The 45 spaces represent approximately 1.0% of the future employee usage. Since hospital employees operate under various work shifts, it is anticipated that carpool parking spaces will be used throughout the day. Carpooling spaces shall be properly signed and shall be used with a carpool parking permit only. This allocation of carpool spaces shall be increased should more be necessary to satisfy the demand;

The downtown campus currently has 14 marked reserved spaces for carpool vehicles, located in Parking Decks D and E (Lucerne). Each carpool vehicle is given a parking permit which allows for free parking. If all of the reserved carpool spaces are full, the carpool vehicle may park elsewhere in the garage. Orlando Health currently has a total of 101 carpool employees across each of the shifts.

- Publicize to patients, visitors, and employees that Orlando Health is served by an existing ridesharing program operated by LYNX. Transit and current ridesharing information shall be prominently displayed in all public gathering areas in employment centers, and in commercial center areas;

Orlando Health provides information regarding LYNX transit services and its “Way to Go” and “Sure Way Home” programs on its company website, in the two Human Resource offices on campus located within ORMC and APH, and at the Customer Service Center on Gore Street. 68 bus passes were obtained by Orlando Health employees - 30 for 30 days, 22 for seven days, and 16 for one day.

- Upon the effective date of this Development Order, the Developer shall provide and actively promote transit amenities and incentives through a LYNX of not less than 50% fare discount for employees. The effectiveness of this incentive shall be measured through the annual study described in Subsection D above. Based on study results, the need for this incentive shall be reevaluated by the City;

Orlando Health does not currently provide a subsidy for LYNX transit fares. Bus passes are available for sale on-site.

- Work hour adjustments: (1) compressed work weeks; (2) staggered work hours involving a shift in the set work hours of employees at Orlando Health; and (3) flexible work hours

involving individually determined work hours within guidelines established by the employer;

Orlando Health currently provides staggered work hours for all of its employees.

- Promotion and encouragement of telecommuting participation for employees whose job responsibilities permit working at home;

Orlando Health encourages telecommuting participation for those employees whose jobs will permit working at home.

- Bicycle racks at all LYNX transit stops;

Bicycle racks were not included in the new LYNX bus stop designs and have not been provided. Numerous bicycle facilities are provided at more appropriate locations around campus, as documented below.

- Shower facilities located conveniently for employees who bicycle to work, or combine transit and bus to work by using the racks on the LYNX buses; and

Showers are provided in the Orlando Health Wellness Center for employees who bicycle to work.

- Establishment or cause the establishment of daycare facilities, by lease or otherwise, within the hospital area.

Orlando Health provides an on-site, drop-in clinic for minor illness sick care, for the children of hospital employees.

THIS CONDITION HAS BEEN MET RELATED TO THE AMOUNT OF DEVELOPMENT THAT EXISTS AT THE TIME OF RESCISSION; AS CAMPUS DEVELOPMENT CONTINUES, THIS CONDITION MAY BE REVISED TO INCLUDE ALL REMAINING TDM PROGRAMS FOR THE CAMPUS AND MIGRATED TO THE ORLANDO HEALTH DOWNTOWN CAMPUS PLANNED DEVELOPMENT DEVELOPERS AGREEMENT.

- f. The Developer shall provide an annual contribution to the City as the Developer’s share of maintaining the public transit service to the routes serving the Project. The annual contribution shall be based upon employee ridership in the preceding year to Orlando Health. The maximum annual contribution shall be \$25,000.00. The payment can be reduced by 10% for every 1% of the Orlando Health work force that uses public transit service to travel to and from work. At the point that Orlando Health reaches its 10% public transit work goal, as established in Subsection C above, the annual contribution will be eliminated for that year. The following chart reflects the transit contribution and potential reductions based on Orlando Health employee usage.

| Employee Transit Use (from previous year) | Required Transit Contributions | Transit Contribution Reduction | Final Development Contribution |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| <1% | \$25,000 | \$- | \$25,000 |

| | | | |
|-----|----------|----------|----------|
| 1% | \$25,000 | \$2,500 | \$22,500 |
| 2% | \$25,000 | \$5,000 | \$20,000 |
| 3% | \$25,000 | \$7,500 | \$17,500 |
| 4% | \$25,000 | \$10,000 | \$15,000 |
| 5% | \$25,000 | \$12,500 | \$12,500 |
| 6% | \$25,000 | \$15,000 | \$10,000 |
| 7% | \$25,000 | \$17,500 | \$7,500 |
| 8% | \$25,000 | \$20,000 | \$5,000 |
| 9% | \$25,000 | \$22,500 | \$2,500 |
| 10% | \$25,000 | \$25,000 | \$- |

As of the date of this Development Order, the City acknowledges that Orlando Health has an estimated public transit ridership of approximately 3%. Therefore, the annual contribution was \$17,500.00 at that time.

Orlando Health made its final payment to the City last year.

THIS CONDITION HAS BEEN MET.

- g. Bicycle Facilities – In the interest of safety and to promote alternative forms of transportation, the Developer shall accommodate bicyclists on site to the extent practical and within the limitations of maintaining bicyclist safety and hospital safety and security. All bicycle facilities should conform to City standards at the time of implementation.

Orlando Health is committed to accommodating bicyclists on-site to the extent practical. As requested, all bicycle facilities will conform to City standards at the time of implementation. Bicycle racks are currently provided at parking garages and at key buildings around campus.

Current Bike Facilities

| Location | Bike Lockers | Bike Rack Slots |
|----------|--------------|-----------------|
| Deck A | | 15 |
| Deck B | | 7 |
| Deck C | 10 | 14 |
| Deck D | | 22 |

| | | |
|------------------------|----|-----|
| Wellness Center | | 8 |
| ORMC | | 20 |
| Winnie Palmer Hospital | | 6 |
| Lake Beauty Park | | 8 |
| Total | 10 | 100 |

THIS CONDITION HAS BEEN MET; BUT THE PROGRAM MAY BE REVISED TO BE INCLUDED WITH ALL REMAINING TDM PROGRAMS FOR THE CAMPUS AND MIGRATED TO THE ORLANDO HEALTH DOWNTOWN CAMPUS PLANNED DEVELOPMENT DEVELOPERS AGREEMENT.

- h. The Developer shall designate a staff member as its Employee Transportation Coordinator (“ETC”) and shall provide sufficient staff resources to coordinate internal TDM programs for the life of this Development Order. The ETC is responsible for coordinating the LYNX, conducting TDM campaigns within the Project, publicity, processing applications, distributing information (including transit information and services changes or updates), conducting employee surveys, annual employer presentations, and other applicable TDM strategies.

Orlando Health has designated Jesse Rivera in Protective Services as its Employee Transportation Coordinator, and is committed to ensure that there are sufficient staff resources to coordinate internal TDM programs.

THIS CONDITION HAS BEEN MET; BUT THE PROGRAM MAY BE REVISED TO BE INCLUDED WITH ALL REMAINING TDM PROGRAMS FOR THE CAMPUS AND MIGRATED TO THE ORLANDO HEALTH DOWNTOWN CAMPUS PLANNED DEVELOPMENT DEVELOPERS AGREEMENT.

- i. If the equivalency matrix contained in the ADA/DRI response to questions is considered by the City of Orlando, the provisions listed below shall be followed.
 - a. Limitations on the amount traded shall be established so as not to alter the nature of the project. A 25% limit is suggested.
 - b. The trade-off should be based on the peak hour directional traffic impacts, at a minimum.
 - c. Any intended use of the matrix shall be made known to the City, DCA, and ECFRPC at least 30 days prior to its use and shall be documented in the next annual report.

Orlando Health utilized the equivalency matrix on one occasion (2007) to convert 75,106 square feet of clinic to 127,688 square feet of medical office. This constituted less than the suggested 25% limit suggested in the condition. The equivalency matrix and DRI

program were incorporated into the most recent amendment and restatement of OHI's PD Ordinance (March 2014).

THE EQUIVALENCY MATRIX AND PROCESS FOR UTILIZATION MAY BE MIGRATED TO THE ORLANDO HEALTH DOWNTOWN CAMPUS PLANNED DEVELOPMENT DEVELOPER'S AGREEMENT.

4. The necessary space and power source for any police communication equipment that may be needed in and/or on any structure within the OHI DRI shall be provided. The communication equipment may be needed if any structure over 100 feet in height is built, and is in the best interest of public safety. The location of any communication equipment shall be mutually acceptable to Orlando Health and the City.

On several building projects Orlando Health has complied with OPD conditions of approval to provide Distributed Antenna Systems (DAS) to facilitate in-building radio coverage for first responders. OPD has not requested that OPD-specific radio equipment be housed on Orlando Health structures.

THIS COMMITMENT CONTINUES.

5. Co-generation electrical facilities shall be prohibited.

There are no electrical co-generation facilities on campus. This condition has been added to OHI's PD Ordinance in the most recent amendment (March 2014).

THIS COMMITMENT CONTINUES.

There were two subsequent amendments to the Orlando Health Amended and Restated Development Order (2004 and 2008). These amendments added and removed property and updated maps and data tables, but did not include any additional conditions above and beyond those in the Development Order.